

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)			DOCUMENT			BATCH			ACTG PER	FY		
				TC	AGY	NUMBER	TC	AGY	NUMBER				
													04
				PP START			SCHED PAY			CHK	OFF	F	
PO#	PV DATE	MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY	FL	
CONTRACT NO.			AGENCY REF	BUYER	(B) TERMS			PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)			(C) TOTAL AMOUNT		
(D) PAYEE NAME AND ADDRESS					(D) SEND COMPLETED FORM TO:								
					New Jersey Department of Health and Senior Services Office of Emergency Medical Services 50 East State Street, 6th Floor PO Box 360 Trenton, NJ 08625-0360								
(F) PAYEE DECLARATIONS													
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.													
→→→→ _____ PAYEE SIGNATURE _____ PAYEE TITLE _____ BILLING DATE													

REERENCE			LINE	(G) PAYEE REFERENCE
CD	AGY	NUMBER		
RA	046	4220	01	COURSE NUMBER

FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJ/JOB NO
783	046	4L06		001	J002	3890				

RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	CREDITS	UNIT PRICE	AMOUNT
1	To reimburse the agency from the EMT Training Fund, for the eligible volunteer student in Continuing Education Courses # _____ Number of students x number of credits = quantity.				
TOTAL					

CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have ben received or services rendered as stated herein. _____ <div style="text-align: center;">Signature</div> _____ <div style="display: flex; justify-content: space-between;"> Title Date </div>	CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved. _____ <div style="text-align: center;">Authorized Signature</div> _____ <div style="display: flex; justify-content: space-between;"> Title Date </div>
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